

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 36899
Registrar's No. 4882

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Convalescent Home 3240 Norledge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 40 years years, months or days)

3. (a) PRINT FULL NAME Eleanor Stevens

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Oscar Stevens 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased November 11, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 0 16 hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Charles D. Cook
13. Birthplace Connecticut
(City, town, or county) (State or foreign country)
14. Maiden name Viola Cotton
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Oscar Stevens(b) Address 3632 Park

17. (a) burial (b) Date thereof 11-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park18. (a) Signature of funeral director Mrs. C. L. Forster(b) Address Kansas City, Mo.

19. (a) 11-29-48 (b) Geraldine Holm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1925 Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27
year 1948 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 19
19 48 to Nov. 27 19 48
that I last saw h. or alive on Nov. 26 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 36 hrs

Due to cardiac block unk.Due to arteriosclerosis, chronic myocarditis unk.Other conditions senility, encephalomalacia
(Include pregnancy within 3 months of death)

Major findings:

Of operations 93 D

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury 2

23. Signature Dr. Helen M. Henry (If by other) no
Address 225 Bayfield Date signed 11-22-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

10. Usual occupation Housewife (City, town, or county) (State or foreign country)

11. Industry or business _____

MOTHER FATHER { 12. Name Charles D. Cook

13. Birthplace Connecticut (City, town, or county) (State or foreign country)

14. Maiden name Viola Cotton

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Oscar Stevens

(b) Address 3632 Park

17. (a) Burial (b) Date thereof 11-30-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 11-29-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions Seizure, epileptic
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Helen M. Henery (M. D. or other) MD

Address 225 Gayfield Date signed 11/29/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Robert A. Herrmann

Licensed Embalmer No. 3900

P. O. Address. K. E. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.